PTO/SB/81 (02-01)

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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number		
Filing Date		
First Named Inventor	Ortiz	
Title	-	
Group Art Unit		
Examiner Name		
Attorney Docket Number	PD-03W081	

I hereby	appoint:								
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	Name Registration Number								
_	John E. Gu			ļ <u>.</u>	43,649				
	Glenn H. Le	<u> </u>			29,320				
_	Leonard A.			4	30,021				
L	William C. S	Schubert	· · · · · · · · · · · · · · · · · · ·		30.	102			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.									
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Place Customer Number Bar Code Label here									
Firm or Individu	ual Name	John E. Gunther							
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I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
SIGNATURE of Applicant or Assignee of Record									
Name	John	E. Gunther							
Signature	Signature my myth								
Date	Date 11/24/2003								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
	for	ms are submitted.							

PD-03W081

Ortiz

**COMPLETE IF KNOWN** 

PTO/SB/01 (10-01)
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**DECLARATION FOR UTILITY OR** 

**DESIGN** 

**Attorney Docket Number** 

**First Named Inventor** 

PATENT APPL	COMPLETE IF KNOWN								
(37 CFR 1.63)		Application Number							
Declaration Declaration		Filing Date							
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Art Unit		, ,					
Filing	(37 ČFR 1.16 (e)) required)	Examiner Name							
As the below named inventor, I here	eby declare that:	<del>1</del>							
My residence, mailing address, and citizenship are as stated below next to my name.									
I believe I am the original and first inve	entor of the subject matter w	hich is claimed and for which	ch a patent is sougl	nt on the invention	n entitled:				
Method for Input Current Regulation and Active-Power Filter With Input Voltage Feedforward and Output Load									
the specification of which	(Title of the In	evention)							
the specification of which									
is attached hereto									
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number	and was amende	ed on (MM/DD/YYYY)		(if applica	able).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy	Attached? NO				
	USA								
Additional foreign application nur	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								

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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:  Customer Number or Bar Code Label  Customer Number or Bar Code Label  OR  Correspondence address below								
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I hereby declare that all statements made herein of my or are believed to be true; and further that these statement made are punishable by fine or imprisonment, or both, us validity of the application or any patent issued thereon.	ts were made with	h the knowledge that willful	false statements and the like so					
NAME OF SOLE OR FIRST INVENTOR :	A petition h	as been filed for this u	nsigned inventor					
Given Name (first and middle [if any])		Family Name Ortiz						
Inventor's Signature			Date /1-21-03					
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Mailing Address 9152 Tristan Drive								
<sub>City</sub> Garden Grove	State CA	<sub>ZIP</sub> 92841	USA Country					
NAME OF SECOND INVENTOR:	A petition ha	s been filed for this uns	igned inventor					
Given Name (first and middle [if any]) Joseph K. Family Name or Surmame Miyamoto								
Inventor's Signature Seale (1-20-63)								
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Torrance	State CA	90503 ZIP	Country					
Additional inventors are being named on the 1 su	pplemental Addition	onal Inventor(s) sheet(s) PT0	D/SB/02A attached hereto.					

PTO/SB/02A (3-97)
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## **DECLARATION**

## **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 3\_\_ of \_3\_

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor										
Given Na	Given Name (first and middle [if any])					Family Na	me or S	Surname		
Frank H.						V	/ang			
Inventor's Signature	Frank Wang Date 11						11/21/03			
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Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	n has been file	ed for th	is unsigr	ned inv	entor/
Given Na	me (first and middle [if any	])				Family Na	me or S	Surname		···
	·									
Inventor's Signature								Da	te	
Residence: City		State		,	Country			Citize	nship	
Post Office Address										
Post Office Address										
City		State			ZIP		Coun	itry		
Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	n has been file	ed for th	is unsigr	ned inv	entor/
Given Na	me (first and middle [if any	1)				Family Na	me or S	Surname		
· ·										
Inventor's Signature								Da	te	
Residence: City	State Country Citizenship									
Post Office Address										
Post Office Address										
City		State			ZIP		c	ountry		

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